

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101576539  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.		DEP.		IND.		DEP.	
	1			1				
2								
3								
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5								
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8								
9			1					
10					1			
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25			1		1			
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47								
48								
49								
50								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

6  
31  
37

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
	IND.		DEP.		IND.		DEP.	
	100							
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

6  
31  
37